



## Missouri Pharmacy Program – Preferred Drug List



### Pulmonary Arterial Hypertension (PAH) Agents (Inhaled and Injectible)

Effective 01/10/2013

Revised 01/10/2019

#### Preferred Agents

- Epoprostenol (injection)
- Revatio® (injection)
- Ventavis® (inhalation)

#### Non-Preferred Agents

- Flolan® (injection)
- Remodulin® (injection)
- Sildenafil (injection)
- Tyvaso® (inhalation)
- Veletri® (injection)

### Approval Criteria

WHO Group Condition	ICD-9 CM Diagnosis	Description	ICD-10 CM Diagnosis	Description	Date Range
WHO Group 1 with WHO functional classification III-IV	416.0	Pulmonary Arterial Hypertension	I27.0	Primary pulmonary hypertension	720 days
WHO Group 4 Chronic Thromboembolic Pulmonary Hypertension (CTEPH)	416.8	Other chronic pulmonary heart diseases	I27.2	Other secondary pulmonary hypertension	720 days
WHO Group 5 Sarcoidosis only	416.8	Other chronic pulmonary heart diseases	I27.89	Other specified pulmonary heart diseases	720 days

- Documented compliance on current therapy regimen
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Combination therapy if:
  - Patient treated with first line monotherapy with an adequate trial and still has symptoms of WHO class III or IV

### Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents

- Drug Prior Authorization Hotline: (800) 392-8030